

Ultimate Beneficial Owner, FATCA and CRS Declaration for Entities



Name of Entity :

FATCA declaration (Please consult your professional tax advisor for further guidance on FATCA and CRS classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a <input type="checkbox"/> Financial institution ¹ or <input type="checkbox"/> Direct reporting NFE ² (Please tick as appropriate)	GIIN : _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity: _____	GIIN not available (please tick as applicable): <input type="checkbox"/> Applied for Following options available only for Financial Institutions: <input type="checkbox"/> Not required to apply for (please specify subcategory ³ _____) Please provide with Form W8-BEN-E, duly filled in <input type="checkbox"/> Not obtained - Non-participatin FFI
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Part B (please fill any one as appropriate)

1	Is the Entity a <i>publicly traded company</i> ⁴ (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes or <input type="checkbox"/> No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____
2	Is the Entity a <i>related entity of a publicly traded company</i> ⁵ - a company whose shares are regularly traded on an established securities market.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company
3	Is the Entity an <i>active NFE</i> ⁶	<input type="checkbox"/> Yes or <input type="checkbox"/> No Name of business _____ Please specify the sub-category fo Active NFE: _____ (Mention code - refer 2c of Part D)
4	Is the Entity a <i>passive NFE</i> ⁷ (If yes please fill Part C)	<input type="checkbox"/> Yes or <input type="checkbox"/> No Name of business _____

Part C

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):

Owner-documented FFI's⁸ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BENE

	Controlling Person 1	Controlling Person 2	Controlling Person 3
# Name			
# Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/Mobile number with ISD code			
# Tax identification number (or functional equivalent) for each country identified in relation to each person ⁹			
# Identification Type (TIN or Other, please specify)			
% of beneficial interest			

Additional details to be filled below by controlling persons having tax residency/permanent residency/ citizenship in any country other than India including green card holders :

	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of Birth			
Occupation Type (Service, Business Others)			
# Controlling person type code ⁹			
Nationality			

¹Refer 1 of Par D

²Refer 3(vii) of Part D

³Refer 1A. of Part D

⁴Refer 2a of Part D

⁵Refer 2b of Part

⁶Refer 2c of Part D

⁷Refer 3(ii) of Part D

⁸Refer 3(vi) of Par D

⁹Refer 3(iv) of Part D

*To include US, where controlling person is a US citizen or green card holder

⁹In case Tax Identification Number is not available, kindly provide functional equivalent⁹

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	Controlling Person 1	Controlling Person 2	Controlling Person 3
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual)*			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

@ Permissible values are :

- | | | | |
|-------------------|--------------------|------------------|-----------|
| • Passport | • Election ID card | • PAN Card | • ID Card |
| • Driving License | • UIDAI Letter | • NREGA Job card | • Others |

FATCA CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.**

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS

Terms and Conditions and hereby accept the same.

Exemption code for U.S. persons:

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

Name: _____ Designation: _____

Signature:

Date: _____ Place: _____